

**OFFICE OF MAYOR ASHLEY SWEARENGIN
PROCLAMATION REQUEST FORM**

Date(s) of Proclamation: _____

Requesting to proclaim a: ☐ Day ☐ Week ☐ Month

Is this a request to reissue a proclamation from a previous year(s)? ☐ Yes ☐ No

If so, what was the date of the proclamation? _____

Date Needed: _____

Delivery of Proclamation: ☐ Please mail ☐ I will pick up
(You will be notified when the document is ready to be picked up)

Contact Information:

Name: _____ Phone #: _____

E-Mail: _____ Alt. Phone #: _____

Address: _____

Organization: _____

Briefly describe the purpose you would like a proclamation to serve or the message that you would like to convey:

Briefly describe how this proclamation will be used, displayed or distributed:

Requests must include draft language and/or background information that will be used to prepare the proclamation. Please submit all necessary information with this form.

Send Completed Request To:

Mail: Office of the Mayor, 2600 Fresno Street, Fresno, CA 93721
Fax #: (559) 621-7990
E-Mail: Cheryl.Burns@fresno.gov